

**LOS LUNAS
POLICE DEPARTMENT
USAGE REPORT**

LOS LUNAS

NALOXONE

Police Department:

Case #:

Date of Overdose: / /

Time of Overdose:

AM

PM Location where overdose occurred:

Gender of the person who overdosed:

Male

Female

Unknown

Age:

Race/Ethnicity White Black Hispanic Asian/Indian American Indian Pacific Islander

Signs of overdose present (check all that apply)

Unresponsive Breathing Slowly

Not Breathing

Blue

Lips Slow Pulse No Pulse

Other (specify):

Suspected overdose on what drugs (check all that apply)

Heroin
opioid

Benzos/Barbiturates
Alcohol

Cocaine/Crack
Methadone

Suboxone
Other (specify):

Any other
Irritable or

Details of Naloxone Deployment

Number of doses used:

Did Naloxone work:

Yes

No

 Not Sure If yes, how long did it take to work: >1 min
3 min 3-5 min <5 min Don't Know

Patient's response to Naloxone:
sedated

Responsive and alert
No response to Naloxone Post-Naloxone withdrawal symptoms

(check all that apply):

None

Irritable or

Angry

Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes)

Physically Combative

Vomiting
Other (specify):

Did the person live:

Yes No

What else was done: Sternal Rub

Recovery Position

Rescue Breathing

Chest

Compressions

Yelled

Automatic Defibrillator

Shook them

Oxygen

EMS Naloxone
(specify): Disposition:

Bystander Naloxone

Other

Care transfer to EMS

Other

(specify)

Naloxone Information:

Lot #:

Expiration date: / /

Notes/comments:

Officer's Name (printed)	Signature	Date of Report
Supervisor	Lieutenant	Naloxone Coordinator
Chief of Police:		